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ABSTRACT

A project was undertaken in Illinois to develop an articulation model in health occupations education for grades K-14 in order to provide a standard guide for curriculum; for the functions of educational, health, and community resource institutions; and for the roles of educators and guidance personnel. A three-dimensional model was developed which consisted of 240 cells depicting interrelationships among the management, the individual, and institutional axes, and it was analyzed and simplified at two advisory meetings of Illinois educators. Based on the results of these meetings and an extensive literature search, it was concluded that (1) currently there is no district-wide health occupations education articulation effort underway in Illinois; (2) three management systems exist which can be used to operationalize a method of articulation; (3) although efforts are being made to articulate health occupations education in grades 12-14, grades K-11 are being overlooked; and (4) the K-11 continuum should be approached first in the articulation process due to its dearth of materials and knowledge. The project's recommendations included the following: the use of advisory committees should be continued; two or more full K-14 educational clusters should be operationalized for health occupations education; attention should be given to upper grade levels' articulation needs, such as transfer of credit and educational mobility; and information about this project should be disseminated. (ELG)

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ED162085

FINAL REPORT

ARTICULATION MODEL
K-14 HEALTH OCCUPATIONS EDUCATION

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July, 1978

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SECTION I
PURPOSE

GENERAL

This Final Report is prepared to document the structure, process and outcomes of a project to develop an Articulation Model for the Health Occupations Education program, K-14, in the State of Illinois.

HISTORY

Never before have voluntary and governmental forces in the United States banded together with such vigor to design and support efforts to unify the body of knowledge and practices known as the health occupations. This project, to assess, plan, implement and evaluate an articulation model for the health occupations, is one of the efforts, nationwide, to unify and articulate the health occupations. This is an important effort.

A study of health occupations articulation is appropriate at this time because of:

- The accelerating trend toward moving health occupations education out of traditional settings in health-care facilities and into educational institutions.
- The increased mobility of the American population which calls for transferability of education, credit, and experiences in the study of health occupations.

- The heightened focus on American's as individual keepers of their own and their family's health status, which calls for early and prolonged education in the health field.

- The dynamic state of education and the health field. Both being in a process of change, the need for study and control to articulate and coordinate becomes more urgent.

- The movement to pre-vocational awareness of individual talents and skills plus an increasing focus of occupational roles and needs in the earliest years of formal education.

Barriers to articulation have, over the years, been numerous and discouraging to students and faculty alike. It is to the credit of the State of Illinois Office of Education that general efforts to overcome educational barriers have resulted in a number of projects such as this one, IOCP and MAVE. Together, these projects should prove that articulation can and does work on both specific occupational levels and for general educational programs. Specifically, for health occupations education, the need to articulate, from K through adult occupational education, is accelerating.

PROJECT CONCERNS

A number of concerns have been apparent to the project staff and have been part of the focus of the project as it has moved through the various study phases toward modeling and implementation.

A primary concern is the concept of articulation itself. Project staff accepts the IOE and the generally-accepted version of articulation as being a "process or method" of joining together. At this point in the study of articulation, it seems most appropriate to operationalize the Model for Articulated Vocational Education (MAVE) which is a basic horizontal process of joining together various levels and elements of education and educators.

This project will, nevertheless, continue to focus on the concerns which are appropriate to a vertical articulation process: That is a process which interrelates over sequential learning levels, but in a subject-specific area, rather than across educational programs generally.

Project concerns include:

- Standards of articulation in health occupations education must be acceptable to health professionals, educators, and students.
- Products and general findings of the project must be acceptable to health professionals and educators.
- Articulation must be relevant to student needs, from K-through-14. This means the plan to provide cognitive and affective support for health occupations education articulation must focus first where gaps and overlaps now exist in curricula and processes.

- The model must be replicable and have achieved some acceptable level of infusion into the educational system as a permanent process.

PROJECT PURPOSES

The basic purpose for developing an articulation model in health occupations education, K-14, is to provide a standard guide for acceptable district-wide activities regarding:

- Curriculum
- Functions of educational institutions
- Functions of health facilities
- Functions of community resource institutions
- Roles of educators
- Roles of guidance personnel
- Roles of other relevant personnel

Articulation meets the following needs:

- Develops coordinated course content to assure appropriate graded transitions between educational levels and institutions, regarding subject-specific offerings such as health occupations.

- Provides a base for mutual understanding between educators as regards such a subject-specific offering as health occupations.

- Gives guidance personnel the basic understanding of the subject and their role within the articulation process.

- Establishes a systematic plan whereby occupational education in health may be part of a total educational effort.

ACHIEVING ARTICULATION

Articulating means change. It means innovation. Change and innovation are difficult concepts to operationalize. Role

responsibilities focus first on the administrative levels in operationalizing change. In health occupations education, a number of constraints to articulation exist. It must be part of the administrative purpose for a planned program of change to operationalize articulation.

In previous phases of this study to design a model for K-14 articulation in health occupations education, it became clear that constraints on articulation include elements that undergird every type of change model: Psychological, Social-Cultural, Fiscal, Temporal, Legal, Physical. Findings from previous studies in this developmental effort to provide for articulation show that:

- The concept of articulation is not well understood at the administrative levels, and less so at the levels of educational implementation.
- Methods of operationalizing articulation are not familiar to educators and administrators, except in rare instances.
- Health occupations educators and health educators are not in communication on curriculum, nor has congruence of effort been seen as a need, let alone a priority.
- Health occupations educators are often isolated from health-professional peers, as well as, educator peers.
- Gaps between the needs of health-care institutions serving as clinical sites and educational sites in the schools often exist and could, if continued, result in major dislocations of funds and facilities.

- Materials with which to implement articulation are lacking. The administrative level, the teacher, the counselor, and the clinical site facilitator are in need of a unified, articulated curriculum and plans.

- While articulation efforts are being made in various locations in Illinois, the primary effort has been among and between institutions at the 13-14 grades and occasionally between 12-13 grades. District-wide implementation has not been achieved.

An overall model (see Figure 1) emerged from this project's initial (1977) attempt to identify district-wide health occupations education articulation efforts. This model is three-dimensional. The dimensions include:

1. Level/Phase/Level of Education (K-14)
2. Institutions/Individuals/Groups
3. Phases of Management

As a result of the initial study of articulation, in addition to the three-dimensional APM model (Figure 1), a general conclusion was reached regarding articulation. This general conclusion has continued to undergird our efforts in the project. It is that:

> Articulation of health occupations education <u>can be done</u>. There is no one area in Illinois where sufficient articulation effort is currently taking place so that no "model" now exists that could be termed "tested" or "complete." In developing the model, the concerns of all the various groups in health occupations education must be attended to: The needs of students, parents, employers, professionals, educators, would all be better served in health occupation education with articulation of programs between and among various levels, interest groups, individuals.

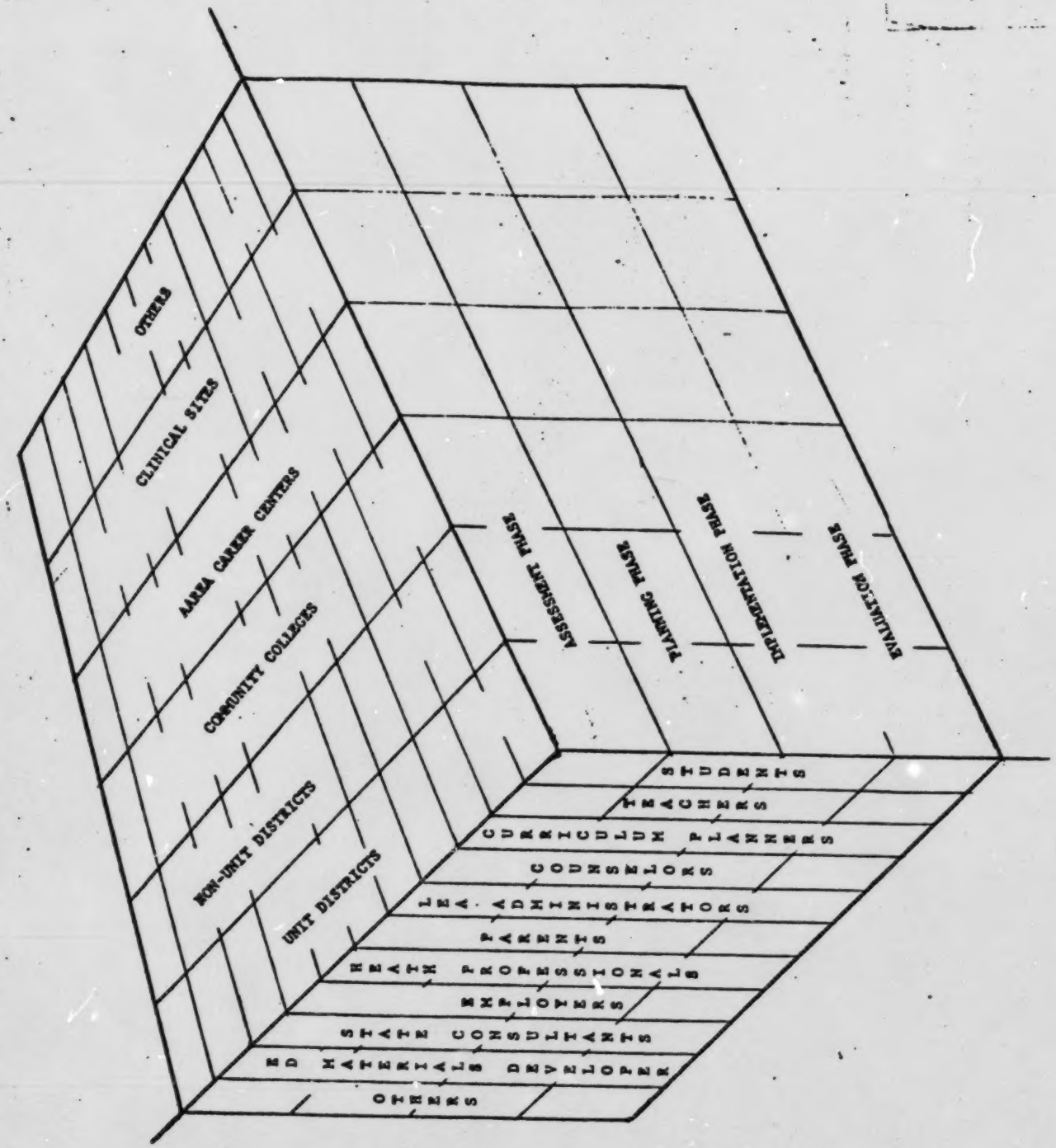

Figure 1. APM (Articulation Planning Model)

SECTION II
METHODOLOGY AND RESULTS

GENERAL

This section discusses the project plan, the operational phases and results of the study.

SCOPE OF PROJECT

This study was designed to find and model from examples of articulation in health occupations education within the State of Illinois. The initial effort, or scope of project, was based on project staff:

- Seeking models to visit.
- Designing a questionnaire where visits could not be made.
- Reviewing literature and documents regarding issues in articulation in health occupations.

As an outcome of the above process, 12 specific conclusions and eight recommendations were made to IOE regarding the future of articulation in the health occupations education field. The basic conclusions and recommendations were to pursue a well-defined effort to systematize the district-wide articulation of health occupations education, taking into account the wide array of variables as to individuals, institutions and processes involved.

To assist in systematizing the effort, the project emerged with a three-dimensional model (Figure 1, page 10) from which further investigation of articulation could then be made.

ANALYSIS OF MODEL

The three-dimensional model emerged as a complex of 240 "cells" depicting inter-relationships between the management, the institutional and the individual axes of the model. The project scope then focussed on an analysis of the model. The analysis is a means of arriving at an evaluation that simplifies the complex of cells to the point where initiation of action and a continuum of articulation can emerge.

Analysis and simplification of the model took place primarily during two major advisory meetings. These meetings involved educators representing Illinois institutions from K through 14 and from clinical sites.

The first Advisors Meeting took place November 4, 1977, at the American Hospital Association building, Chicago, IL. Those present are listed on the following page.

Advisors Meeting
November 4, 1977

Present were:

Rudy Jasper
Allied Health Specialist
Rock Valley College

David Wandel, Assistant Director
Health Manpower
Illinois Hospital Association

Philip J. Troyer, Counselor
William Rainey Harper Community College

Ben Squires, Representative
Illinois Statewide Health Coordinating Council

Richard Sewell, Representative
Suburban Cook/DuPage Health Systems Agency, Inc.
Illinois Association of Health Systems Agencies

Jesse H. Keyser
Dean of Inter-Campus Affairs
Illinois Eastern Community Colleges

Richard K. Tworek
Assistant Dean & Director of Health Institute
Chicago Citywide Colleges

Margaret A. Droste, Director
National League for Nursing - Midwest Office

Jean S. Jones, Associate Director
Division of Nursing
Rush, Presbyterian-St. Luke's Medical Center

Lee Hertzman, Ph.D
University Professor of Health Science
Governors State University

Carol Sanders
Eastern Illinois University

Peggy Pool, Project Officer and Representative from the
Illinois Office of Education
Department of Adult, Vocational & Technical Education

Fredric A. Clark, President
Success Research Consultants, Inc.

The Second Advisory Meeting took place April 7, 1978, at the Chicago Press Club headquarters, St. Clair Hotel.

Present were:

Paul Burke, Superintendent
Technical and Applied Arts
Waukegan High School
1201 North Sheridan Road
Waukegan, IL 60085

Mr. D. L. Howard
District Vocational Coordinator
Township High School Dist. 211
1750 South Roselle Road
Palatine, IL 60067

Janet Rittenhouse
Health Occupations Education Instructor
Central Community High School
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Breese, IL 62230

Andrea Young
Health Occupations Instructor
Downers Grove Community Unit Dist. 99
Administration Center Bldg.
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Downers Grove, IL 60515

Jean Ann Parr
Health Occupations Instruction
WILCO Area Vocational Center
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Anna Passarella
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Chicago, IL 60601

Noel Peare, RN
St. James Hospital
Director of Staff Education
1423 Chicago Rd.
Chicago Heights, IL

Mary Darlene Franscavitch
Mt. Vernon Township High School
7th and Casey
Mt. Vernon, IL 62864

Robert Simmons
Glenbrook South High School
4000 West Lake Ave.
Glenview, IL 60025

Vincent Lynn
Assistant Director for Administrative Services
Oak Park School Dist. #97
Oak Park, IL 60302

The advisors meetings encompassed:

- In-depth analysis of the innovative approach to health occupations education needed for articulation.
- Review of the current status of health occupations education.
- Potential for improvement through articulation and related activities i.e., curriculum development.
- Structured decision-making programs to reduce the complex model.

Following each advisors meeting, computerized analyses of the statistical results were drawn up to identify "high-impact" cells: those identified as being most likely to activate and maintain articulation efforts.

RESULTS OF FIRST ADVISORS' MEETING

SCORES FOR CELLS

The advisors ratings for each dimension of the model were processed and reviewed.

The individual ratings were summed into composite scores for each cell. For instance, the rating for facilitator was 55, the rating for planning was 50, and the rating for area career center was 18; therefore, the score for the intersecting cell (facilitator/planning/ACC) was 123.

The data was then computer analyzed. The computer produced the 12-cell frequency distribution shown in Table 1 below. The statistics on the distribution are:

= 83.74 (average)

= 25.34 (standard deviation)

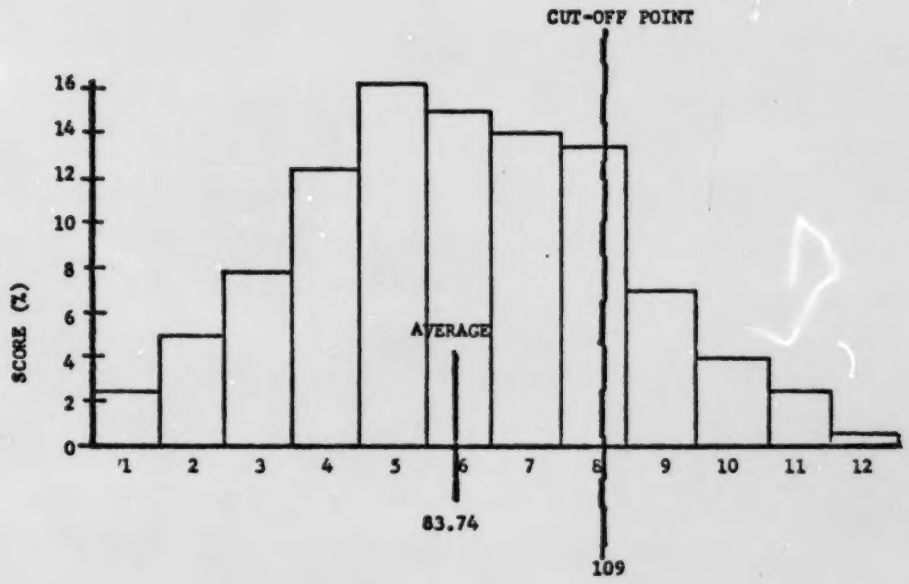
= 1.64 (standard error of average)

TABLE 1
12-CELL FREQUENCY DISTRIBUTION

Cell #1 thru 12	1	2	3	4	5	6	7	8	9	10	11	12
Frequency	.025	.050	.067	.125	.167	.154	.142	.133	.071	.038	.025	.004
Upper Limit of Cell	34.92	45.83	56.75	67.67	78.58	89.5	100.42	111.33	122.25	133.17	144.08	155.00

CELL DEFINITION			SCORE	CELL DEFINITION			SCORE	CELL DEFINITION			SCORE
PHASE	INSTITUTION	PERSONNEL		PHASE	INSTITUTION	PERSONNEL		PHASE	INSTITUTION	PERSONNEL	
Plan	CC	Facilitator	152	Plan	LEA	LEA Administrator	126	Implement	CC	Curriculum Planner	117
Plan	LEA	Facilitator	140	Plan	LEA	Health Professional	126	Implement	CC	LEA Administrator	116
Plan	CC	Curriculum Planner	139	Plan	LEA	Teacher	125	Implement	CC	Health Professional	116
Plan	CC	Health Professional	138	Plan	LEA	Employer	123	Evaluate	CC	Facilitator	116
Plan	CC	LEA Administrator	138	Plan	LEA	Counselor	121	Implement	CC	Teacher	115
Plan	CC	Teacher	137	Assess	CC	Facilitator	120	Plan	CC	Materials Developer	115
Plan	CC	Employer	135	Plan	Cl. S.	Curriculum Planner	119	Plan	Cl. S.	Employer	115
Plan	CC	Counselor	133	Plan	CC	Student	119	Plan	Cl. S.	Counselor	113
Plan	Cl. S.	Facilitator	132	Plan	Cl. S.	LEA Administrator	118	Implement	CC	Employer	113
Plan	ACC	Facilitator	132	Plan	Cl. S.	Health Professional	118	Implement	CC	Counselor	111
Implement	CC	Facilitator	130	Implement	LEA	Facilitator	118	Plan	ACC	Curriculum Planner	110
Plan	LEA	Curriculum Planner	127	Plan	Cl. S.	Teacher	117	Implement	Cl. S.	Facilitator	110

The resultant histogram is also shown:



IDENTIFYING "HIGH-IMPACT" CELLS

The purpose of this process was to identify those cells in the model which are the keys to successful articulation. The project identified these cells by establishing a cutoff score. The cells with scores above the cutoff would, for further research purposes, be defined as high-impact cells.

The initial cutoff point was established as one (1) standard deviation above the mean, as follows:

Mean	+	Standard Deviation	=	Cutoff
83.75	+	25.34	=	109.09

Therefore, those cells whose scores above 109.09 are defined as "key" or "high-impact" cells.

ANALYSIS OF KEY CELLS

Further reduction of the number of cells was necessary; therefore, an item analysis was done on each key cell.

TABLE 3
KEY CELL ITEM ANALYSIS

MANAGEMENT PHASES		INSTITUTION TYPE		PERSON TYPE	
Plan	25	Community College	18	Facilitator	9
Implement	9	K-12 LEA	8	Curr. Planner	5
Evaluate	1	Clinical Site	8	Teacher	4
Assess	1	Area Career Center	2	Counselor	4
				Employer	4
				LEA Admin.	4
				Health Prof.	4
				Student	1
				Mat. Developers	1

Review of the items represented in the 36 cells lead the Project Staff to the conclusion that an 18-cell model was appropriate. This 18-cell model is shown in Figure 2.

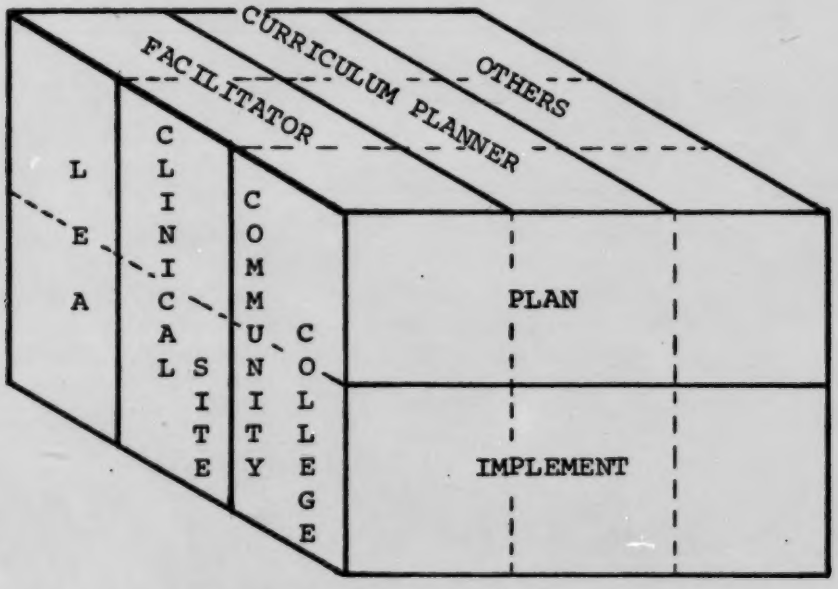


Figure 2. 18-cell Model

RESULTS OF SECOND ADVISORS' MEETING

SCORES FOR CELLS

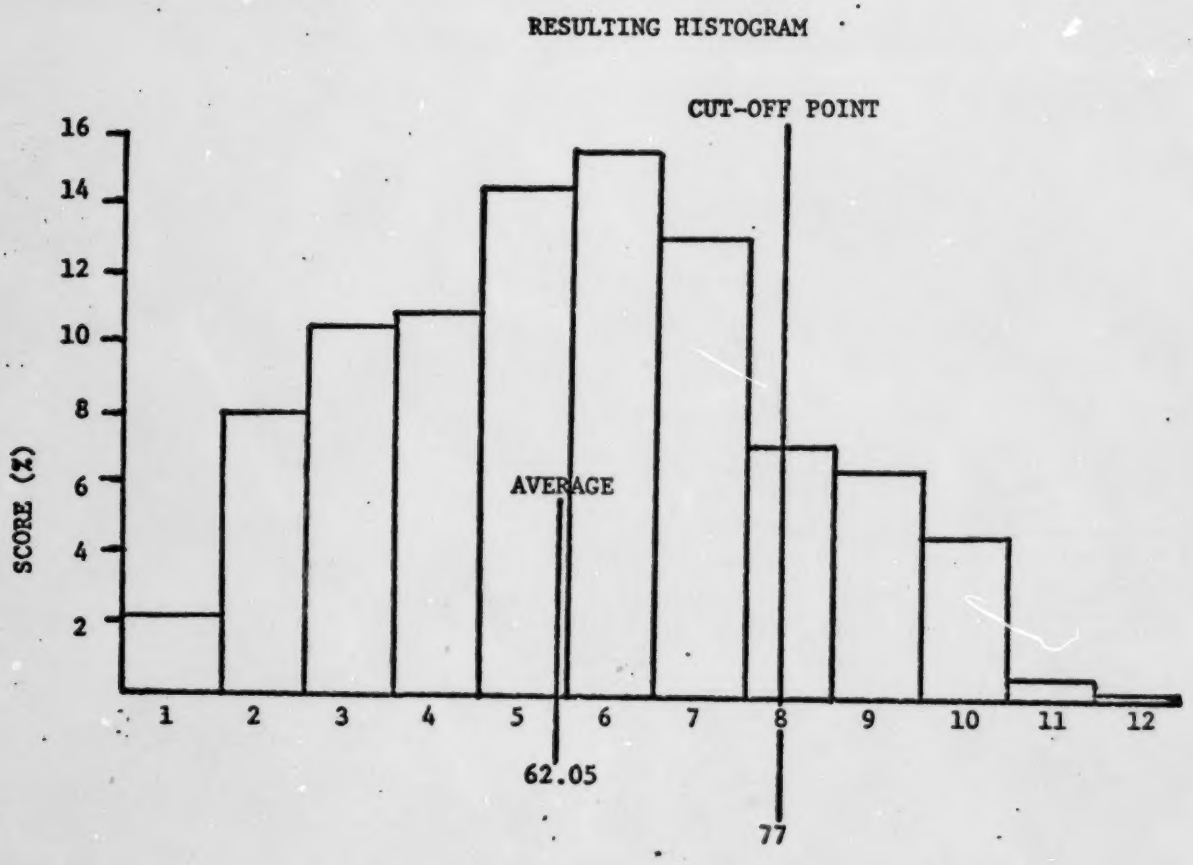
The advisors ratings for each dimension of the model were processed and reviewed. Advisors were given the opportunity to immediately compare results of their scoring with the previous advisory meeting.

The individual ratings were summed into composite scores for each cell. The data was then computer analyzed. The computer produced the 12-cell frequency distribution shown in Table 4 below.

TABLE 4
12-CELL FREQUENCY DISTRIBUTION

Cell #1 thru 12	1	2	3	4	5	6	7	8	9	10	11	12
Frequency	.023	.082	.105	.109	.145	.155	.132	.073	.064	.045	.005	.014
Upper Limit of Cell	36.42	42.83	49.25	55.67	62.08	68.50	74.92	81.33	87.75	94.17	100.58	107.00

The resultant histogram is also shown:



As in the first advisor's meeting statistical analysis, a reduction of the number of cells was necessary. An item analysis was done on each key cell. The Table 5 on the following page shows this item analysis.

TABLE 5
ITEM ANALYSIS RESULTS

MANAGEMENT PHASES		INSTITUTION TYPE		PERSON TYPE	
Plan	22	9 - 12	23	Curr. Planner	9
Assess	8	Area Career Center	3	LEA Admin.	7
Implement	3	K - 8	3	Teacher	7
Evaluate	2	12 - 14	3	Mat. Developer	2
		Clinical Sites	3	Counselor	2
				Employer	2
				Health Prof.	2
				Regulating Body	1
				State Consultant	1
				Parent	1
				Student	1

Review of the items represented led project staff to depict a 16-cell model as an appropriate result of the second advisory group meeting. This 16-cell model is shown in Figure 3.

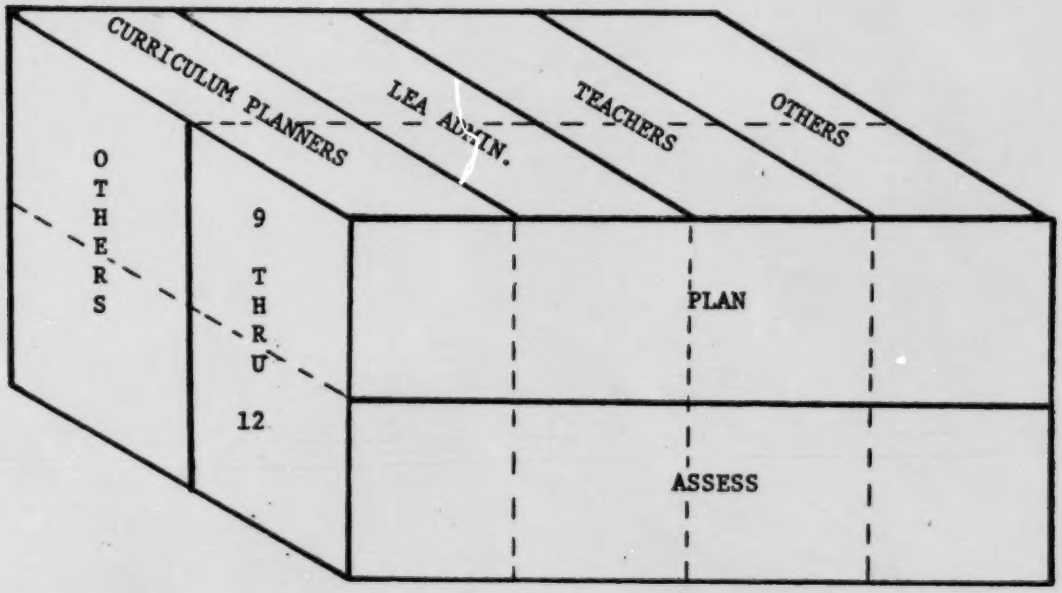


Figure 3. 16-cell Model

A composite 27-cell model has been derived from the advisors' analysis by synthesizing the results from the first, 18-cell model and the second, 16-cell model. The resultant model is shown in Figure 4.

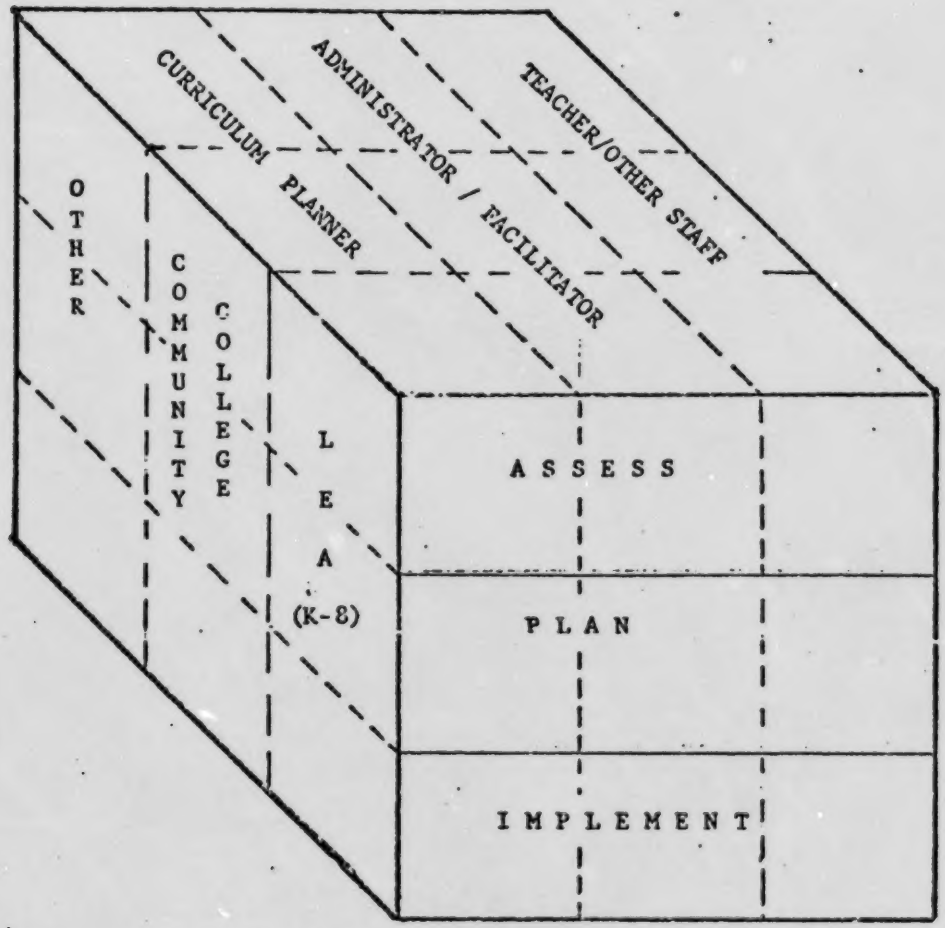


Figure 4. 27-cell Model

Advisors indicated approval of future articulation efforts. They postulated both present concerns and future actions to make health occupations education articulation possible.

Concerns included:

- Funds and mandate from the State Office of Education needed to implement district-wide articulation.
- Core articulated curriculum needed to relate academic programs to occupational programs.

Recommendations included:

- Establishment of curriculum materials clearinghouse or development of appropriate curriculum and materials, K-14.
- Refinement and specification of teacher qualifications for all levels of health related curricula.
- Provision of inservice training and training materials for health educators and others (i.e., guidance counselors).
- Provision of State health occupations education consultants with special expertise in articulation processes and materials to facilitate district-wide efforts at a vertical articulation program.
- Assistance in community-wide planning through manpower data access, through funding coordination, through professional/occupational consortia with educational institutions.
- Facilitating articulation through planned management.

Development of curricular programs include recommendations for:

- Use of Illinois State model for Career Education as a developmental approach to health occupations education.

- Innovative approaches to diffusion of occupational awareness at the K-6 levels; i.e., articulating with high school programs.

- Scope and sequence preparation to cover both the mandated health education curriculum and the health occupations education curriculum.

Other outcomes of the second advisor's meeting are shown in Appendix A. There is an evaluation of the meeting itself, of the panel members and of the future role of the panel members as advisors. Note the high rating panel members responded with to the entire proceeding. Other outcomes of the second advisor's meeting include (see Appendix A) the panel's perceptions of a "clearing house" function for health occupations education, which includes all management phases, from consulting for articulation to student placement following appropriate levels of training and education.

The Advisor's also indicated their perceptions of the change process needed to implement health occupations education articulation. As shown in Appendix A, this process is perceived as a range of activities impacting teachers, students and the LEA generally. Materials, well-defined personnel qualifications, and joint professional efforts, at technical and inservice assistance, were especially recommended.

Finally, the advisors focused on materials available and known to themselves at this time as potentially useful for K-8

and 9-12 levels of health occupations education. Their list is shown in Appendix A. It is indicative of the paucity of health occupation related materials. Advisors mandated concentration on the development of scope and sequence charts and curricula plus classroom materials.

A third advisor's meeting was to have been held April 13, 1978, as part of the regular Health Occupations Advisory Committee Meeting. The Project Director of the Articulation project attended the Health Occupations Advisory Committee Meeting in Springfield, IL. The objectives: (1) to present the rationale and methodology for the project, and (2) seek input on the model's key cells from the Health Occupations Advisors who represent the clinical facility and health professional components of health occupations education. However, the project staff had insufficient time to obtain the collaborative effort needed for structured decision-making. A memorandum and model, together with a request for information, were later sent to Advisors. No response has yet been received. Copy of the mailing is shown in Appendix B.

SECTION III
ARTICULATION CURRICULUM AND PROCESS

GENERAL

Fundamental to appropriate resolution of articulation efforts are the following major considerations:

1. Types of Articulation
2. Types of Delivery Systems
3. Formulation of Curricular Language
4. Inclusion of Acceptable Design Principles

TYPES OF ARTICULATION

This project requires modeling of articulation that covers a full range of types of articulation. Included:

- Articulation within a given school building.
- Articulation within a given school system/district.
- Articulation between educational and clinical facilities.
- Articulation between and among educators and administrators.
- Articulation between and among health professions and between health professionals and educators.

By operationalizing the MAVE process, most of these concerns can be assessed and dealt with appropriately.

TYPES OF DELIVERY SYSTEMS

The Illinois districting model poses a somewhat more diverse pattern than in other states. The mix of institutions in Illinois

includes:

- K-12/13-14
- K-6/7-9/10-12/13-14
- K-8/9-12/13-14
- K-8/AVC/13-14

Given the diversity of the educational system, the diversity of health occupations education models, and clinical facilities mix, the articulation system derived from this effort requires modular flexibility to be replicable. Using the MAVE and IOCP processes, development of local goals and objectives can be forseen as overcoming barriers due to institutional diversity.

FORMULATION OF A CURRICULAR LANGUAGE

The concept of articulation is acceptable. The new models of total district-wide or school-based articulation are available to show the paths of maximum acceptability for overall "horizontal" articulation. Programs for vertical articulation, as an outcome of this project, should emerge together with a series of concepts and curricular vocabulary for articulated education.

INCLUSION OF ACCEPTABLE DESIGN PRINCIPLES

There are successful models of materials and project development that are rooted in a sound philosophy of development. Articulation of education should likewise be based upon

sound developmental principles which make logical framework for the structure.

Findings from the 1977 and 1978 study of district-wide articulation in health occupations education highlight areas that need to be considered carefully in future efforts as points of "dis-articulation".

Areas pointing to dis-articulation, include:

1. MATERIALS DEVELOPMENT
   - Materials for classroom, guidance, and overall curriculum design are lacking. Developmentally-based career oriented materials are needed from grades K through 12 especially.

2. TEACHERS
   - Health occupations educators must be given assistance in relating to their health professions and to the educational systems in which they function. Lacking ties in either direction currently, educators flounder and loose the ability to maintain motivation and good teaching methodology.
   - Other educators given health-related assignments must be given appropriate teaching materials.
   - All health occupations educators should be given inservice training and teaching preparation for their part in the articulated sequence.

2. TEACHERS (continued)

- Specifications for teacher preparation should be mandated, i.e., health occupation education at the 11-12 level should be taught by professionally accredited health occupation personnel with "X" hours of education preparation.

3. GUIDANCE

- Guidance functions are critically important to the success or failure of articulation. The articulation between guidance and health occupations education is urgent from junior high grades on to adult education programs. Guidance functions in health occupations education change dramatically with grade level ascendance, and must be given appropriate attention, whether the functions are performed by guidance counselors, teachers, clinical personnel, or a combination of such persons. There seems to be no adequate articulated preparation for the guidance functions now available, but these must be prepared.

4. CAREER LADDERS

- Student needs must be considered in terms of entry and progression through a career ladder. There are specific prerequisites at each juncture that students must understand and follow. Input from the professions and proper guidance must give students the opportunity to follow logical, sequential study paths. Competency-based programs may be called for from level 12-14.

5. CLINICAL SITES

- Coordination within a district, area, or region, of the available clinical sites with the educational programs in health occupations education is vital. Planned programs for coordinating multiple

5. CLINICAL SITES (continued)	school, multiple-grade-level efforts on a regional basis do not seem to be available. Such a model is urgently needed.
6. DATA NEEDS	• At all levels, health occupations education as a career path should be realistically tied to manpower data and occupational needs. Oversupply of health manpower will mandate articulation; to prevent the oversupply and consequent disappointments to students, articulation should take place to prevent overcrowding.

Each group involved in articulation has legitimate interests and concerns regarding the changes that may be wrought upon themselves when attempts are made to open new paths that have never before in their experience been tried out. The articulation path needs models that are acceptable to all involved: the students, the educational community, the health care community. And in the end, the model must be replicable and transferable, in whole or part. Accompanying the model must be acceptable operational "packages" such as workbooks, workshops, educational materials and guidance materials.

PROJECT MAVE

The MAVE system supports "articulation" activities. Their project staff produced and tested a document entitled, "Handbook for Project MAVE", which contains procedural information and forms to help schools address the local articulation issues.

The MAVE process includes, "four essential elements for effective articulation." These are:

- Building a Cooperative Climate
- Expanding Communication Among Staff
- Developing Sequenced K-14 Programs
- Coordinating K-14 Services

The MAVE process should be of significant utility to this Health Occupations Education project, especially to establish a firm "cooperative" base. It may be necessary; however, to integrate the two elements of program and services to properly implement the APM (Articulation Planning Model).

THE IOCP SYSTEM

The Illinois Occupational Curriculum Project (IOCP), after research into needs of occupational education, developed a management system. Like MAVE, it sets forth procedural information and forms; however, the IOCP materials are extremely comprehensive.

The IOCP materials were initially packaged in five volumes (by function). The five volumes were:

M. Management Strategies
1. Occupational Program Identification
2. Occupational Program Development
3. Occupational Program Implementation
4. Occupational Program Evaluation

The IOCP materials may be used by the project, should the MAVE Articulation Roundtable participants or the MAVE Institute participants need more detailed information for needs identification or plan development.

THE APIE SYSTEM

The Assess/Plan/Implement/Evaluate (APIE) system was part of the project known as AAAWII (Adults Are Alive and Well In Illinois). This system was developed for vocational educators who design and manage programs for adults. The APIE documents are basically checklists covering the essential elements of assessment, planning, implementation and evaluation for vocational programs and courses.

This system will be used as a "control" checklist to assure that all the essential elements of vocational curriculum design are considered during the Roundtables, Institutes and Workshops.

DESIGN PRINCIPLES

In approaching the design of an articulated model, the elements, concerns, problems and constraints discussed in Section 2.4 will be incorporated. However, there are also a family of concepts and principles concerning innovation, career education curricula, curriculum development and local constraints which must be considered. Among these are:

- Bailey's Stages of Career Development
- Super's Concept of Career Maturity
- Cole's Design Principles for Career Development Curricula
- Dale's Considerations for Planning and Policymaking

These concepts and principles contain the design philosophies needed to successfully relate the Articulation Guide to the schools.

Bailey sets forth the four stages of career development through which people progress. These four stages are:

- Awareness
- Experimentation
- Accommodation
- Preparation

Articulation schemas should allow for student development through these stages.

We also feel Super's concept of "career maturity" must be considered in matching the educational process to student and institutional needs. Super reports that career maturity can be indicated by five sequential-developmental factors, which are:

1. Awareness of need or opportunity
2. Availability of reliable information
3. Consistancy of occupational preference over time
4. Affective "fit" between the individual and the chosen career-role
5. Actual "fit" of selection of occupation to the individual's total resources

We accept the seven design principles set forth by Dr. Henry P. Cole for career development curricula, in Process Education, 1972, and Approaches to the Logical Validation of

Career Development Curricula Paradigms, 1973. These are:

Principle 1. The curriculum must be based in some logical-theoretical framework.

Principle 2. The curriculum structure and organization must consider student developmental capabilities, interests and limitations.

Principle 3. The curriculum should have stated measurable objectives.

Principle 4. The content of a curriculum must consist of multiple activities, materials and topics.

Principle 5. A teacher education component should be included.

Principle 6. The developed products should be exposed to both a formative and summative evaluation (as well as the operational procedures).

Principle 7. The curriculum should be exportable and replicable.

Dr. Dale (1972) provides some helpful hints to all curriculum developers, and these hints have some application to "Articulation Guide Developers," too. An expert noted that one or more of them have been the downfall of many curriculum projects.

Don't design a program away from the basic school practices such as grade level, length of class time, or the number of days in a semester or year.

Don't forget to utilize existing facilities.

Don't begin product development before a decision-making model has been structured.

Don't involve an unmanageable number of field-test centers.

Don't engage in premature publicity.

Don't assume that public domain materials will be used by a large number of school systems.

Don't sell or disseminate test materials to persons or organizations outside the test network.

Don't assume that good program content or methodology is the single ingredient for implementation success.

Don't let theory run away with practice.

Don't omit significant groups such as industry, other disciplines, teachers, minorities, parents, or businesses.

Don't let any single group dominate.

Don't retain program elements that field tests reject because "we have always done it this way," or "it's such a beautiful idea."

Don't be satisfied with "better than it was;" focus on relevant behavioral objectives and instructional goals.

Since the existing "state-of-the-art" of health professional education and curricula does not include Bailey's stages, Super's concepts, Cole's principles, nor consider Dale's hints, it becomes imperative that a viable Articulation Model include them.

ARTICULATION CURRICULUM

This project has already accomplished a major search of existing texts to determine their potential for use in the health occupations education curriculum.

The search for existing materials resulted in an initial listing of published materials (see Appendix C). From the listing it became obvious that a major effort would have to be made to analyze the content and approaches of published materials and their relevance to the various grade levels. Accordingly, project staff, together with health education consultants, have produced and refined a current curricular materials analysis. Table 6 shows the results of this study. It has confirmed the conclusion of the second Advisor's group, that a major effort in the design of curricular materials is a primary target for true health occupations education articulation, if it is indeed to be sequenced from K-14. Table 7 offers further detail of the currently available health-related materials and the paucity of their inclusion of meaningful health occupations information.

ARTICULATION AS INNOVATION

Although MAVE and IOCP have produced articulation management models which are to be utilized in this project as the operational base, it is well to note that there are varieties

TABLE 6
CURRENT CURRICULAR MATERIALS ANALYSIS

TEXTBOOK(S)	K	1	2	3	4	5	6	7	8	9	10	11	12
PRENTICE-HALL													
HEALTH CARE CAREERS										X	X	X	X
MAKING HEALTH DECISIONS											X	X	X
STECK-VAUGH COMPANY													
FOCUSING ON HEALTH											X	X	X
GLOBE PUBLISHING COMPANY													
PATHWAY TO CAREERS								X	X	X			

TABLE 7
CURRENTLY AVAILABLE HEALTH-RELATED MATERIALS

PUBLISHER	BOOK/SERIES TITLE	GRADE LEVEL(S)	CAREER ORIENTATION	CAREER INFORMATION
SCOTT, FORESMAN	HEALTH AND GROWTH	K-8	None indicated	None indicated
LAIDLAW	THE HEALTHFUL LIVING PROGRAM	K-8		
	YOUR HEALTH (1)		None	None
	BEING HEALTHY (2)		None	None
	YOUR HEALTH AND YOU (3)		None	None
	KEEPING HEALTHY (4)		None	None
	GROWING UP HEALTHY (5)		None	None
	HEALTH FOR LIVING (6)		None	None
	A HEALTHIER YOU (7)		None	None
	YOUR HEALTH AND YOUR FUTURE (8)		Chapter 12 "Thinking About Your Future" Career Preparation	Describes health occupations
HARCOURT, BRACE, JOVANOICH	HEALTH: DECISIONS FOR GROWTH	K-6		
	AS YOU GROW (1)		None	None
	YOU MAKE CHOICES (2)		None	None
	AT YOUR BEST (3)		None	None
	YOU LEARN AND CHANGE (4)		None	None
	BALANCE YOUR LIFE (5)		None	None
	TOWARD YOUR FUTURE (6)		None	None
CEBCO STANDARD PUBLISHING	HERE'S TO GOOD HEALTH	JrHi	Several paragraphs on each topic: Requirements for a Health Career Choosing a Health Career	Chapter 31 "Is there a a health career in your future?" Lists health careers by Minimum Levels of Education & Training No job descriptions, although there are some quotes from the "man/woman on the job.

PUBLISHER	BOOK/SERIES TITLE	GRADE LEVEL(S)	CAREER ORIENTATION	CAREER INFORMATION
HOUGHTON MIFFLIN	MODERN HEALTH INVESTIGATIONS	JrHi	None indicated	None indicated
GLOBE	PATHWAY TO CAREERS	JrHi	1. Preparing for your career a. indicates how one's personality, interests can provide clues to career choice b. importance of flexibility in career choice c. how to get information d. career training available 2. Getting the Job You Want a. what it is like to look for job b. preparation of resume c. getting ready for interview 3. Succeeding in your career down-to-earth advice	None for specific occupation
HOLT, RIENHART & WINSTON	MODERN HEALTH	HS	Listing with description of medical specialists, some allied health professions	Career briefs for: Cosmetologist, Optometrist, Physical Therapist, Dietition, Laboratory Technician, Internist, Registered Nurse, Dental Hygienist Resume of duties, educational and personal requirements, training necessary

PUBLISHER	BOOK/SERIES TITLE	GRADE LEVEL(S)	CAREER ORIENTATION	CAREER INFORMATION
SCOTT, FORESMAN & CO.	HEALTH: A WAY OF LIFE	HS	None indicated	Gives career information for: School health educator Psychologist Food inspector Pharmacist Nutritionist Physical therapist Physical therapist aide Cosmetologist Dental Hygienist Public Health Nurse Social worker Respiratory therapist Occupational therapist Rehabilitation counselor Epidemiologist Medical technician Emergency medical technician Wastewater treatment plant attendant
HOUGHTON MIFFLIN	INVESTIGATING YOUR HEALTH Appendix C "Choosing An Occupation"	HS	Urges student to think about occupations that might be considered; What interest you? Work preferences?	Careers in Health, questions about jobs, how to learn more, charts various health-related occupations as related to interests ex.--Art and Photography--medical illustrator or medical photographer

PUBLISHER	BOOK/SERIES TITLE	GRADE LEVEL(S)	CAREER ORIENTATION	CAREER INFORMATION
STECK-VAUGH COMPANY	FOCUSING ON HEALTH	HS	None	Unit--Consumer Health Careers in Health Preparation and function of doctors, dentists, and respective specialities Discussion on: 1. Reasons for a career in health professions 2. Who should enter a career in health professions (personal characteristics) 3. Gives brief job description for professions 4. Gives list of addition health professions that were not included in the listings
PRENTICE-HALL	MAKING HEALTH DECISIONS	HS	Chapter 16 "Finding Health Careers" Nature of health careers Description of health careers	Description of health careers, by level of training necessary 1. Entry level Health Careers--requires least amount of formal education, most on the job training 2. Intermediate-level--2 years of education or less

PUBLISHER	BOOK/SERIES TITLE	GRADE LEVEL(S)	CAREER ORIENTATION	CAREER INFORMATION
PRENTICE-HALL	MAKING HEALTH DECISIONS (continued)			3. College graduate-- 4 years of training 4. Graduate Education-- 4 years of college plus graduate education
PRENTICE-HALL	HEALTH CARE CAREERS	HS	Describes the nature of the work, personal qualifications, training, certification, places of employment, working conditions for professions within areas of: The Dental Profession Care of the Eyes Technological skills Caring for the patient as a person The use of therapy Health and administration Specialty careers in the health care field Careers with the physician at work	Also includes information on the possibilities for advancement
Department of Health, Education and Welfare	THE SCHOOL HEALTH CURRICULUM PROJECT		No indication for development of Career orientation materials	No indication for development of Career information material
CEBCO STANDARD PUBLISHING	TUNE IN TO HEALTH (second edition)	HS	None	Chapter 16 "Obtaining Medical Care" includes information on training for the general practitioner or internist and the medical specialist (general). Also included is training for Occupational therapist. Physical therapist, Pharmacist, RN, and Licensed Practical Nurse.

PUBLISHER	BOOK/SERIES TITLE	GRADE LEVEL(S)	CAREER ORIENTATION	CAREER INFORMATION
PRENTICE-HALL	HEALTH		Listing and description of medical specialists and allied health professions	None
HARCOURT, BRACE, JOVANOICH	YOUR HEALTH AND SAFETY FOR BETTER LIVING	HS	None indicated	None indicated
LAIDLAW	HEALTHFUL LIVING FOR TODAY AND TOMORROW	HS	None indicated	None indicated
CANFIELD PRESS	DIMENSIONS (A Changing Concept of Health)	HS	None	Chapter on "Selecting Health Services" includes information on types of medical specialists, training necessary for physicians, dentists, osteopathy, chiropractic, and nurse. No information on career preparation for most allied health professions.
HARPER AND ROW	HEALTH SCIENCE	HS	None	Chapter 13 "Choosing and Financing Health Services" Requirements for practice (medical doctor) Describes medical specialities and Allied Health Professions--gives education and training required.

of ways of approaching articulation. As the project proceeds, if the modeling phase is entered into with one or more sites, an innovational model will be part of project staff's analytical approach to the process of articulation.

This innovational model, like the articulation model, is three dimensional. (Formulation of this model is derived from research at the College of Education, Texas Tech University and School of Education, Auburn University, Auburn, Alabama.) The three dimensions are: (see Figure 5)

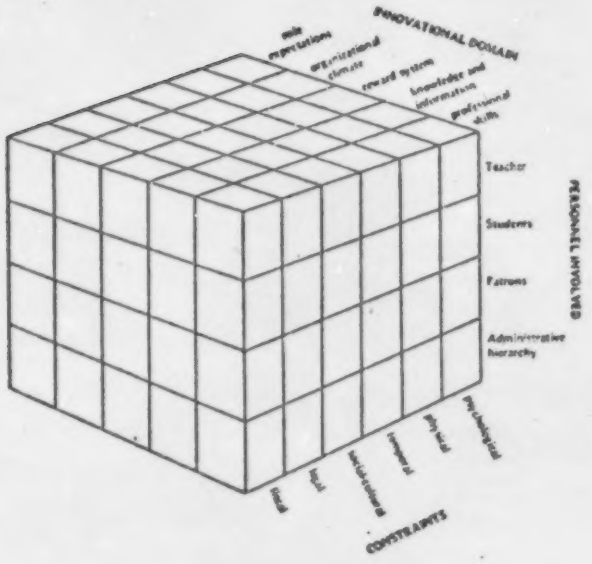
1. Innovational Domain
2. Personnel Involved
3. Constraints

Project staff note that this model forms a sound base from which to project activities designed to overcome innovational objections. It can provide a planning base; it is a natural sequential step into this project's three-dimensional model, bridging directly across the individual/institutional dimension, and from the innovational domain into the individual dimension, and from the constraints into the various phases of management, by type of individual and institution.

The institutional diversity, organizational complexity, and the massive nature of this project, are the basis of the project staff's current determination to focus on specific targeted areas of articulation most in need of remediation.

Figure 5

Model for Identification of Constraints to Innovation



Project staff believe, however, that refinement of goals and objectives will be possible as the project proceeds into its implementation phases. If, as shown in the two multi-dimensional models, it is possible to focus on problems, the processes, and the details of potential solutions will be forthcoming over time and grade level dimensions.

SECTION IV
CONCLUSIONS/RECOMMENDATIONS

GENERAL CONCLUSIONS

Project Staff base their conclusions on the combined advice of representatives of educational institutions and health professions and institutions, plus a massive literature search and review. Current findings grow out of well-documented IOE supported studies.

CURRENT STATE OF HEALTH OCCUPATIONS EDUCATION ARTICULATION

At the present time, there is no articulated curriculum in health occupations available to vocational educators in Illinois. The concept of providing health occupations developmental experiences to students is accepted. The mechanism and opportunities to produce articulated materials has not existed.

There is no district-wide health occupations education articulation effort underway in Illinois. There is, however, a well-defined effort to operationalize a method of articulating. This method, MAVE, can be used for articulation management. At the same time, IOCP can be utilized for occupational curriculum management and APIE for vocational curriculum management.

SPECIAL CONCLUSION

There are conscious efforts to articulate health occupations education at the grade levels 12-14, but little or no effort at the K-11 continuum. Health occupations education -- as a conscious body of knowledge and set of skills -- does exist primarily as vocational education at the upper levels of secondary school and the community college. The initial approaches to articulation mandate that the K-11 continuum be approached first, inasmuch as there exists at those levels, virtually a vacuum of materials, knowledge and process.

GENERAL RECOMMENDATIONS

The following recommendations are based on the findings of the various phases of the articulation project, with special emphasis on the major areas of need that have emerged as the study has continued.

RECOMMENDATION #1. That this report be viewed as the basis for implementing field test models for health occupations education articulation.

RECOMMENDATION #2. That the findings of the advisors be accepted as a basis for focusing articulation efforts first on the formulation of curricula for K-12 continuum to provide a basis for existing health occupation education.

RECOMMENDATION #3. That health occupations education articulation be used as a means of operationalizing MAVE, the horizontal articulation effort underway in Illinois.

RECOMMENDATION #4. That advisory panels and groups utilized in the first two phases of this study be continued and expanded for the implementation phases, to be assured of appropriate input and communication channels.

RECOMMENDATION #5. That two or more full K-14 educational clusters be operationalized for health occupation education articulation with full ranges of articulation activities, but with carefully designed evaluative analysis of the processes, constraints, needs and future implications for articulation efforts.

RECOMMENDATION #6. That during the next implementation phase, special consideration be given to the upper grade levels' articulation needs such as: barriers to educational mobility, transfers of credit, professional-educational articulation dialogs, advisors, etc.

RECOMMENDATION #7. That the results of this phase of the project, previous phases, and current objectives, be made known to the health occupations professions, educational media, and that current data, as well as future plans, be transmitted to all interested parties.

APPENDIX A

2nd ADVISORS GROUP MEETING OUTCOMES

EVALUATION RESULTS

QUESTION	RATING									
	High 9	8	7	6	5	4	3	2	1	Low 0
1. How well qualified were the other panel members?	4	4								
2. Were there predetermined objectives for the Panel Meeting?		5	3							
3. Was the process used in the meeting appropriate for the objectives?		4	2	2						
4. How effective was the panel in providing guidance?										
a. Analysis of Model		4	3		1					
b. Discussion of Key Cells		1	5	1	1					
c. Other Analysis		2	5		1					
d. Future Role		2	5	1						

CLEARING HOUSE

- Health Occupations Consultants
  Allied Health Professionals
  Cross Boundaries
- Materials - Curriculum
  "ERIC" in Health Occupations
- Manpower Data
- Inservice Training
- Funding Coordination
  -- MDTA / YEPDA
  / CETA
  -- Sponsoring Institutions/Local
- Placement

CHANGE PROCESS

TYPE	SOURCE	IMPACT
Clearing House of Materials	State/Federal	Teacher
Refine & Define Teacher Qualifications	Local	Student
Inservice Training	State	LEA
Joint Efforts at all levels of education health professionals	Health Occupation Consultants	
Information		Counselors
Professional Organizations Administrations/Counselors	National/ State/Local	Teacher/Other
Simultaneous Programs followed by inservice/ workshops	State	Teacher/Other

HEALTH OCCUPATION EDUCATION
MATERIAL

TYPES

K-8	Kits/Toy Medical Supplies
State Model	Career Educational Materials Awareness
	Parents in Health Occupations
	Use High School students to teach
	Use public media
	Field trips
	AV Materials "Bread and Butterflies"
	Scope & Sequence Materials Chart
	K-14 Curriculum Development

APPENDIX B

COPY OF MAILING SENT TO ADVISORS

Minutes
Health Occupations Advisory Committee Meeting

Meeting was called to order by David Wandel, Chairperson, May 12, 1978.

Members Present

Donald Poole
Dr. M. Parrish
Catherine Stokes
David Wandel
Paula Garrott
Shirley Oshel
Ken Dowell (for Beth Walston)
Caroline Redebaugh
Sister Joan Schullian
Ken Alberts
Patricia Wade, Student

Ex Officio Members

Clifton Matz
Lulu Henry
Ellen Hooker
John W. Huther
Mary Lou Shea
Lorraine Summers
Julia C. Larson

Absent

Beth Walston

Guests

Terry Irby
Mary Lou Hubbard
Elaine Falk Katz
Sherry Wright
Sylvia Sherman

It was moved by L. Henry, seconded by S. Oshel, that minutes of the last meeting be corrected and accepted as approved.

Correction - Peter McNamara represents the Board of Higher Education not Junior College Board.

Mrs. Mary Lou Shea gave an AVTE update using the "Annual Report." She covered the high lights which lead to a question and answer session.

Dr. Parrish questioned funding - what monies are we talking about? These are Part B funds.

David Wandel presented the "Health Occupations Placement System" using transparencies, charts, and handout materials. Mr. Wandel covered the purpose of "HOPS" - what is it; why was it created; how does it serve; who does it serve; where are the shortages and how do we obtain the necessary information? (See Handout Material.)

Lorraine Summers, Consultant, gave a brief summary of "Health Occupations Students of America - HOSA" - as it was adopted at the Constitutional Convention during the I.V.A. Convention held March 2, 1978, in Chicago.

A filmstrip was shown to inform students and I.H.O.A. members about how the National Organization was formed in November, 1976, in Arlington, Texas.

Mrs. Summers will attend the first national convention in Oklahoma City the latter part of April.

Patricia Wade, HOSA Sentinel, student from East St. Louis High School was present at today's advisory committee meeting.

Job placement opportunities for the Biomedical Technician (BMET) were discussed. Mrs. Shea stated the junior colleges are wanting to start programs. There is a growing dependence by the health professions on machinery that assist them in preventing, diagnosing, and treating disease. Who maintains and repairs the machines? Who educates the machine keepers and where do they receive the knowledge and authority to handle this technical equipment? The numbers, kinds, brands, applications of medical biological hardware indicate new specifically trained individuals are needed in managing, doing inventories, etc., in hospitals and laboratories with the complex equipment now being used.

In the discussion that followed several areas were emphasized.

1. What levels are needed?
   Biomedical Techincian (BMET), 2 years)
   Biomedical Engineer (4 year degree)

2. Hospital Administrators must be informed of the need for employment of this individual.

David Wandel suggested that people like Alan Winestein, Vice President of the Illinois Hospital Association could provide leadership in this area.

David Wandel could be the liaison person for the Illinois Hospital Association for our advisory group.

There will be a search for more information in this area.

If you have questions or data please send it to David Wandel as soon as possible.

Carrie Redebaugh presented the "Nurse Aide Education Recommendation Position Paper." Much discussion followed:

-guidelines for curriculum
-interagency committee to develop educational orientation to be developed with educational requirements with Nursing Home (long term care) having clinical practice input.

Who will oversee the total program?
Who will certify or license?
Will pre-service, pre-employment, in-service needs be met?
Continuing education?

Please send your input to Carrie Redebaugh - 3 W. Old Town Mall, Springfield, Ill. 62701 by April 25, 1978 or to

Mary Lou Shea, Head Consultant
Health Occupations
AVTE/IOE
100 North First Street
Springfield, Ill. 62777

"Health Occupations Articulation Project" update was presented by Ms. Elaine Falk Katz", Project Director.

Ms. Katz was pressured by the time element. She utilized the flip chart and handout materials to explain the purpose and progress of the project.

Success Research will utilize the Articulation Planning Model of last year. They analyze and simplify this model (APM).

There are eighteen key cells. Mail survey, field visits, telephone interviews, critical incident analysis of collected data, relationships between organizational and structural linkages will be investigated and utilized in this model. There will be development of a process model for articulation. Field testing sites will be located and testing will be done in FY'79.

Meeting adjourned at 3 p.m.

Respectfully Submitted,

Julia C. Larson, Secretary
Pro-Tem

KC:1/K

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KC:6b/H

A

April 26, 1978

MEMO TO: Health OccupationsAdvisory Committee Members

FROM: Elaine Falk Katz, Project Director

Thanks for giving me an opportunity to speak at your April 13 meeting about the Research Project on Articulation in Health Occupations Education, K-14. David Wandel suggested my presenting information to the Health Occupations Advisory Committee. Mr. Wandel is an advisor to the Articulation in Health Occupations Education project as well as chairman of your committee.

My regret was the short time left at the close of the meeting which made it impossible for me to do what I had planned:

1. Ask for your input on the Articulation Planning Model and merge that data with data from other panels of experts.
2. Allow time for questions and general discussion of the project.

While it is not possible to do the kind of structured decision-making program I had planned, it may still be possible to obtain your individual concepts about health occupations education through a simpler mail-in program.

Here's what I'd like you to do:

STEP I •Turn this page over and look at the model for articulation planning. Note that there are three dimensions:
1. types of personnel
2. types of institutions
3. management phases

STEP II •Please add any elements to the three dimensions that you think might be missing. Example: Articulation Facilitator might be a type of person you wish to add to the personnel dimension; K-8 might be an element you think is important on the institutional side.

STEP III•Now think about which of these people, institutions and management phases you would consider the "key" to successful articulation. Make a choice, using a scale of 1-to-4, with 1 being the highest priority most desirable choice.

STEP IV•On a separate sheet of paper put your name and address and then list any items you added for step 2. Next put three columns with your "key" lists:

	PEOPLE	INSTITUTIONS	MANAGEMENT
1			
2			
3			
4			

Please send the lists to: Elaine Falk Katz
Suite 1850
875 N. Michigan Ave.
Chicago, Illinois 60611

Your comments or suggestions are cordially invited.

A Research Project on
ARTICULATION IN HEALTH OCCUPATIONS
EDUCATION (K-14)

GENERAL PROJECT OBJECTIVE

To improve the capability of Illinois educators to assess, plan, implement and evaluate an articulated K-14 health occupations education system, by developing models of such programs.

SPECIFIC OBJECTIVES:

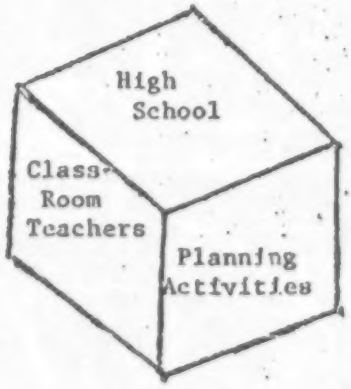
1. Study and evaluate the complex model developed during the first year's research. This model is now being analyzed and simplified.
2. Identify at least 24 key "cells" in the model.
3. Investigate the essential components of each key cell.
4. Develop a comprehensive articulation model.

THE ARTICULATION PLANNING MODEL

A three dimensional model emerged from the first year's research. The total model displays some 240 "cells" depicting inter-relationships between:

1. Types of personnel
2. Types of institutions
3. Management phases

An example of one cell in the Articulation Planning Model is shown below. The total model is shown elsewhere (over). This model is to be analyzed during the forthcoming panel meeting, from the point of view of educators, K-12.



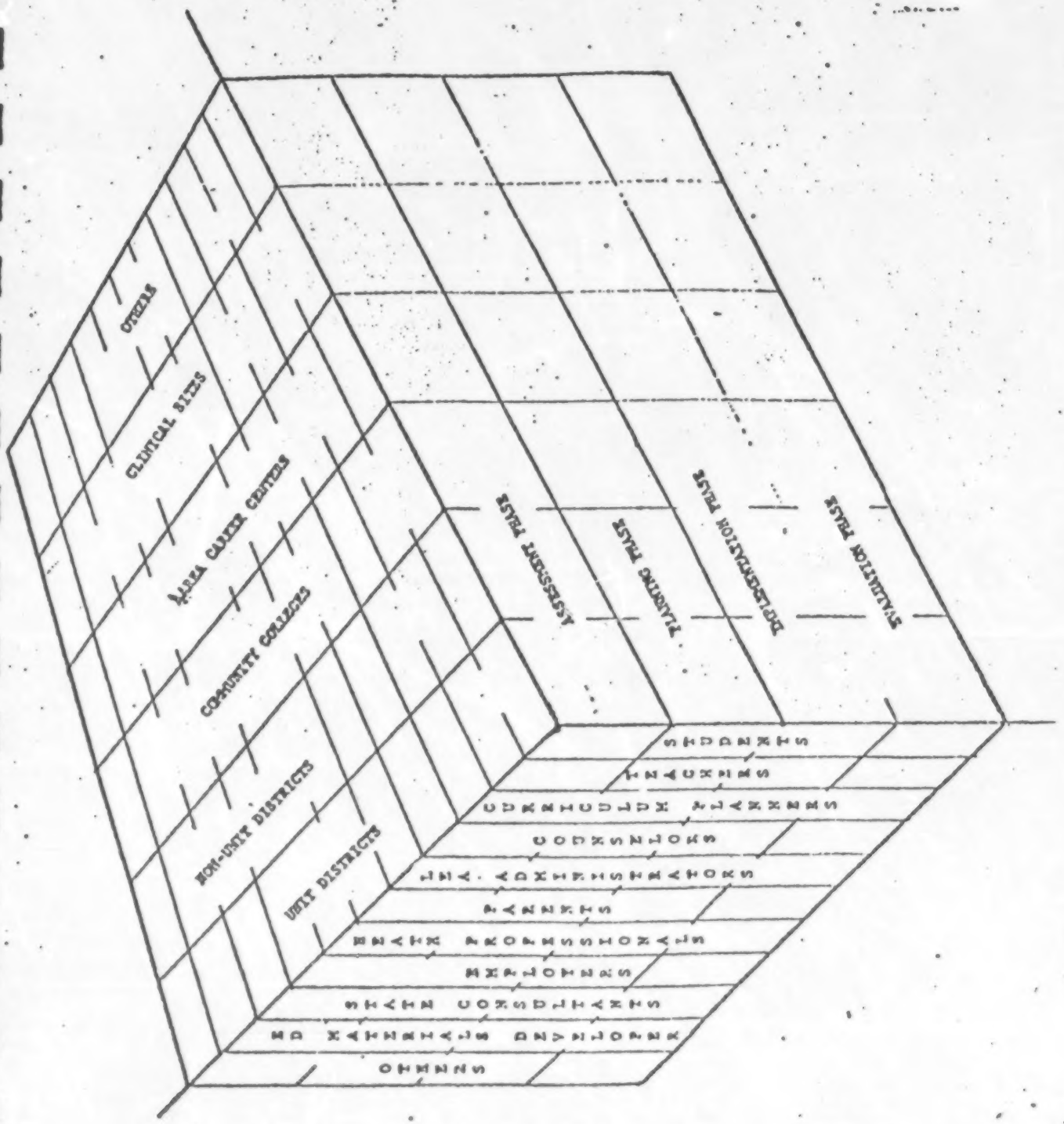


Figure 1. APM (Articulation Planning Model)

APPENDIX C

PUBLISHED MATERIALS

PUBLISHER	TITLE OF BOOK	GRADE LEVEL
SCOTT, FORESMAN & CO.	Concepts: Body Structure Function & Growth Fitness, Care of Body, and Dental Health Nutrition Mental Health, Emotional Growth, & Human Relations Family Health Community Health & Medical Research Drugs, Alcohol, and Tobacco Environmental Health (Ecology) Safety and First Aid Consumer Health	1-8
CHILDRENS PRESS	V.I.P. Behind the Scene in Medical Work, Set II: The Work of Health, Book 3	Elementary
ILLINOIS OFFICE OF EDUCATION	Occupational Orientation Health Occupations, 1976	Junior High
KING FEATURES	Popeye the Sailor and Health Careers, 1972	Junior High
McGRAW-HILL BOOK CO.	Exploring Health Occupations, 1976	Junior High
NEW YORK LIFE INSURANCE CO.	Careers for a Changing World: Health Care, 1976	Junior High
OHIO DEPARTMENT OF EDUCATION	The Health Cluster, 1976	Junior High
AMERICAN MEDICAL RECORD ASSOCIATION	Correspondence Course for Medical Record Personnel	SR/JR College
AMERICAN MEDICAL RECORD ASSOCIATION	Educational Program for Health Record Employees in Long-Term Care: Curriculum Guide	SR/JR College
HOSPITAL RESEARCH & EDUCATIONAL TRUST	Being A Food Service Worker, 1976 Training the Food Service Worker: Instructor's Guide, 1967 Visual Aid Training Supplement to Training the Food Service Worker, 1967	9-12
HOSPITAL RESEARCH & EDUCATIONAL TRUST	Being A Nursing Aide: Student Manual, 1969 Training the Nursing Aide: Instructor's Manual, 1969 Visual Aid Training Supplement to Training the Nursing Aide, 1970	9-12

PUBLISHER	TITLE OF BOOK	GRADE LEVEL
HOSPITAL RESEARCH & EDUCATIONAL TRUST	Being A Ward Clerk: Student Manual, 1967 Training the Ward Clerk: Instructor's Guide, 1967 Visual Aid Training Supplement to Training the Ward Clerk, 1967	9-12
HOSPITAL RESEARCH & EDUCATIONAL TRUST	Caring for Children in the Hospital: Student Manual, 1973 Caring for Children in the Hospital: Instructor's Guide, 1973	9-12
DELMAR PUBLISHERS, INC.	Health Assistant, 1969	SR/JR College
McKNIGHT PUBLISHING CO.	Introduction to Health Care Careers (kit), 1975	JR/SR (?)
W. B. SAUNDERS CO.	Nurse's Aide Study Manual, 1976	SR/JR College
SPRINGER PUBLISHING CO.	The Mental Health Aide, 1976	College (Jr?)
UNIVERSITY OF CALIFORNIA DIVISION OF VOCATIONAL EDUCATION	Come On In! An Invitation To Enter the Health Professions, 1971	Senior
BOBBS-MERRILL	(series on allied health)	Senior (?)
U.S. DEPT. OF HEALTH, EDUCATION & WELFARE	Have You Considered A Health Career, 1976	Elementary